## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: <u>Mail</u> Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

		Alexandria, Virginia 22313-1450 (571)-273-2885							
INSTRUCTIONS: This form should be used appropriate. All further correspondence includ indicated unless corrected below or directed o maintenance fee notifications.	for tran ing the therwise	nsmitting the ISS Patent, advance o e in Block 1, by (	UE FEE and PUBLI orders and notification a) specifying a new of	CAT of r	ION FEE (if requinaintenance fees versions address	ired). I will be ; and/o	Blocks 1 through 5 s mailed to the current r (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
					Certificate of Mailing or Transmission. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
					(Depositor's name)				
					(Signature).				
								(Date)	
APPLICATION NO. FILING DATE	ATE		FIRST NAMED INVEN		TOR ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/530,964 10/31/2005			Wolf-Dieter Dom	ke	2005 MN 573 US			3239	
TITLE OF INVENTION: IRRADIATION DEV	ICE FO	R TESTING OBJ	ECTS COATED WIT	H LI	GHT-SENSITIVE	PAIN	Г		
APPLN. TYPE SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID		E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1440	\$300		\$0	\$1740		03/17/2008	
EXAMINER	ER ART UNIT			3					
SUNG, CHRISTINE	250-372000								
CFR 1.363). Change of correspondence address (or Ch Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attac Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,       1       Slater & Matsil, L.L.P.         (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.       2								
<ul> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)         PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.         (A) NAME OF ASSIGNEE         (B) RESIDENCE: (CITY and STATE OR COUNTRY)         Qimonda AG         AIXUV GmbH         Please check the appropriate assignee category or categories (will not be printed on the patent):         Description of the patent of the p</li></ul>									
<ul> <li>4a. The following fee(s) are submitted:</li> <li>✓ Issue Fee</li> <li>✓ Publication Fee (No small entity discount permitted)</li> <li>✓ Advance Order - # of Copies</li> <li>✓ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _50-1065 (enclose an extra copy of this form</li> </ul>									
5. Change in Entity Status (from status indicate a. Applicant claims SMALL ENTITY stat	us. See	37 CFR 1.27.	b. Applicant is no	long	ger claiming SMAI	LL ENI	LITY status. See 37 Cl	FR 1.27(g)(2).	
NOTE: The Issue Fee and Publication Fee (if rec interest as shown by the records of the United Sta	uired v ites Pate	vill not be accepted ent and Trademark	d from anyone other the Office.	nan tł	ne applicant; a regi	stered a	attorney or agent; or th	e assignce or other party in	
Authorized Signature	Date March 10, 2008								
Typed or printed name Ira S. Matsil		Registration No. 35,272							
This collection of information is required by 37 ( an application. Confidentiality is governed by 35 submitting the completed application form to the this form and/or suggestions for reducing this bu Box 1450, Alexandria, Virginia 22313-1450. DO Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no	CFR 1.3 U.S.C. USPT rden, sh NOT persons	11. The informatic 122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR ( are required to res	n is required to obtain 1.14. This collection i depending upon the c Chief Information C COMPLETED FORM spond to a collection o	or ro s esti ndivi ffice S TC	etain a benefit by ti imated to take 12 r idual case. Any co r, U.S. Patent and ) THIS ADDRESS permation unless it c	he publ ninutes mments Tradem S. SENI lisplays	ic which is to file (and to complete, includin s on the amount of tir nark Office, U.S. Depa D TO: Commissioner s a valid OMB control	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	